



# Application for Lawyers' Professional Liability Insurance

**NOTICE:** THIS IS AN APPLICATION FOR CLAIMS MADE AND REPORTED POLICY. THE POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE.

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.

Throughout this application the words "you" and "your" refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "we", "us" and "our", refer to the insurance company to which this application is made.

**PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.**

## General Firm Information

Name of Firm: ##### \_\_\_\_\_

Individual  Partnership  P.A.  P.C.  L.L.C.  L.L.P.  Other

*Please attach sample letterhead. If you have multiple offices, please attach a sample letterhead for each office.*

Address of Principal Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Contact Person:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

1. Do **you** have branch offices: Yes  No   
*If "Yes", please also complete the Branch Office and Affiliate Supplement.*

2. Date Firm was founded: \_\_\_\_\_

3. List the names of all predecessor practices of **your** firm. Name only those firms for which **you** are a majority successor in interest (50% or more of the former firm's assets and liabilities). *Please use separate addendum if necessary.*

Name of Predecessor Firm	Dates of Existence From/To	Number of Lawyers Acquired
	/	
	/	
	/	

4. Are there any pending material changes to **your** organization including but not limited to merger, acquisition combination or other restructuring? Yes  No   
*If "Yes", please provide full details in a separate addendum.*

**Attorneys & Staff**

5. Total number of **your** attorneys:

Current Number of:  
 Partners/shareholders/owners: \_\_\_\_\_  
 Associates/employed lawyers: \_\_\_\_\_  
 Of Counsel Members who are expected to bill more than 1200 hrs. per year: \_\_\_\_\_  
 Independent Contractors who are expected to bill more than 1200 hrs. per year: \_\_\_\_\_  
 Patent Agents: \_\_\_\_\_  
 Current Number of:  
 Paralegals: \_\_\_\_\_  
 Clerical staff: \_\_\_\_\_  
 Other (please describe): \_\_\_\_\_

6. List all attorneys that are to be considered as insured individuals under the policy. If sole practitioner, please list yourself:

Name of Each Attorney	Position (P, A, OC, IC)	Date of Hire (Month/Year)	Year Admitted to the Bar	Member of following Bar Associations	If Part-Time, average weekly hours worked on behalf of the firm

(P: Partner, A: Associate, OC: Of Counsel, IC: Independent Contractor)

If more than 10 attorneys attach additional sheet(s). Total number of insured attorneys: \_\_\_\_\_

7. If **you** are a sole practitioner, please provide the details of the attorney that is responsible for **your** affairs in the event of extended absence from **your** practice due to illness, vacation or similar circumstances:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**Billings**

8. List **your** gross billings for the past 24 months – Last 12 \_\_\_\_\_ Prior 12 \_\_\_\_\_

According to gross billings, please list **your** 5 largest clients. If confidentiality is required, please describe only the nature of business and legal services provided.

Name of Client	Nature of client's business	Legal services provided	% revenue derived from client over past 12 months

9. Has **your** firm, or anyone in **your** firm, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? *If "Yes", please complete the Securities Supplement.*  Yes  No
10. Has **your** firm, or anyone representing **your** firm, provided legal services for any Financial Institution during the last 5 years? *If "Yes", please complete the Financial Institution Supplement.*  Yes  No
11. Has **your** firm, or anyone representing **your** firm, ever been involved in any class action or mass tort cases? *If "Yes", please provide full details of the case, number of plaintiffs, current status, and final resolution.*  Yes  No
12. Has your firm, or anyone representing your firm, ever provided investment advice to a client?  Yes  No

### Breakdown of Practice

13. Please complete the Breakdown of Practice section below to reflect the percentage of Total Gross Billings derived from all areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Arbitration / Mediation	%	Commercial Litigation – Plaintiff <sup>[1]</sup>	%
Administrative law	%	Entertainment / Sports <sup>[1]</sup>	%
Admiralty / Maritime	%	Environmental <sup>[1]</sup>	%
Bankruptcy <sup>[1]</sup>	%	Estate, Trust, Probate, and Wills <sup>[1]</sup>	%
Collection/Repossessions <sup>[1]</sup>	%	Intellectual Property Trademark Registration <sup>[3]</sup>	%
Commercial Litigation – Defense <sup>[1]</sup>	%	Intellectual Property Trademark Search <sup>[3]</sup>	%
Criminal law	%	Labor - Labor Representation	%
Insurance Defense <sup>[1]</sup>	%	Mergers / Acquisitions	%
Juvenile / Guardianship	%	Oil, Gas or Mining <sup>[1]</sup>	%
Personal BI/PD Defense	%	Pension & Employee Benefits	%
Workers Compensation Defense	%	Personal BI/PD Plaintiff <sup>[1]</sup>	%
<b>Total</b>	%	Real Estate - Commercial	%
		Real Estate – Residential <sup>[1]</sup>	%
		Real Estate - Land Use / Zoning <sup>[1]</sup>	%
		Real Estate - Title Examination <sup>[1]</sup>	%
		Tax – Opinions	%
Anti-Trust/Trade Regulation	%	Worker's Compensation - Plaintiff	%
Civil rights/Discrimination	%	<b>Total</b>	%
Commercial Transactions	%		
Corporation Formation / Alteration	%	Banking / Financial Institutions <sup>[1]</sup>	%
Domestic Relations	%	Other Intellectual Property Services <sup>[3]</sup>	%
• Assets under \$1,000,000	%	Patent/Copyright/Trademark Licensing <sup>[4]</sup>	%
• Assets \$1,000,000 to \$5,000,000	%	Securities <sup>[1]</sup>	%
• Assets more than \$5,000,000	%	• Private Placements	%
Immigration and Naturalization	%	• Public	%
Intellectual Property Litigation <sup>[3]</sup>	%	Real Estate – Loan Modification	%
International/Foreign Law <sup>[2]</sup>	%	Real Estate – HOA/COA Representation	%
Labor - Management Representation	%	<b>Total</b>	%
Government/Municipal (Not bonds)	%		
Tax - Preparation of Returns	%	Patent Prosecution - Domestic or Foreign <sup>[4]</sup>	%

<b>Total</b>	%	Patent Searches - Domestic or Foreign <sup>[4]</sup>	%
		Intellectual Property Counseling <sup>[3]</sup>	%
		Intellectual Prop. Infringement/Opinions <sup>[3]</sup>	%
Other ( <i>explain</i> ) <sup>[2]</sup>	%	Class Action/Mass Tort Law	%
<b>Total</b>	%	<b>Total</b>	%
		<b>Total of all areas of practice must equal</b>	<b>100%</b>

<sup>[1]</sup> Corresponding Supplement must be completed.

<sup>[2]</sup> Describe: \_\_\_\_\_

<sup>[3]</sup> If 5% or more of the firm's AOP, please request alternative application

<sup>[4]</sup> Please request alternative application

## Independent Contractors

14. In the past 24 months, if **you** have retained attorneys on an Independent Contractor basis to provide legal services to **your** clients please complete the following: N/A

- a. Do **you** require that all Independent Contractor services be performed on **your** letterhead?  Yes  No
- b. Are **you** exclusively responsible for billing **your** clients for services performed by Independent Contractors?  Yes  No
- c. Do **you** require that all Independent Contractors carry professional liability insurance and provides evidence of such coverage prior to being retained?  Yes  No

***Please explain the reasons for retaining an Independent Contractor to provide legal services to your clients below:***

15. ***Please provide details of each Independent Contractor retained:***

Name of Independent Contractor:	Hours (per week):	Insurance Verified:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please note: Coverage for which you are applying does not extend to include Independent Contractors for services performed on behalf of lawyers or law firms other than your firm, unless specifically agreed by the insurer and evidenced by the issue of an endorsement.**

## Other Activities

16. Does **your** practice also involve acting in the capacity of any of the following?

No

Yes  - please complete the following:

Type of Practice:	Percent of Practice Devoted to Each:	Professional Liability Insurance Company Providing <b>You</b> Separate Coverage:	Expiration Date: (mo./day/yr.)
a. Accountant:			
b. Real Estate Agent or Broker			
c. Title Abstractor/Searcher			
d. Notary			
e. Title Agent <sup>[1]</sup> :			

<sup>[1]</sup>*Please complete the Title Agent Supplement.*

17. Does any of **you** act as:

- a. A Public Defender?  Yes  No
- b. A Prosecuting Attorney?  Yes  No
- c. An in-house lawyer of any corporation, municipality or state department?  Yes  No
- d. An Arbitrator or Mediator?  Yes  No

*If the response to any of the above is "Yes" please provide details on a separate addendum.*

### Resource Sharing

18. Do **you** share any of the following with other attorneys or law firms?

- Office Space:  Yes  No If yes, name of law firm(s): \_\_\_\_\_
- Staff:  Yes  No If yes, please describe staff sharing arrangement on a separate addendum.
- Cases:  Yes  No If yes, please describe case sharing arrangement on a separate addendum.
- Letterhead:  Yes  No If yes, please explain relationship on a separate addendum and provide sample letterhead.

### Conflict Screening

19. Are potential conflicts referred to an independent conflict committee?  Yes  No

20. Describe how **you** resolve potential and actual conflicts:  
\_\_\_\_\_  
\_\_\_\_\_

21. After matters have been opened, what steps do **you** take to supplement conflict of interest searches regarding new parties?  
\_\_\_\_\_  
\_\_\_\_\_

22. Are **you** or any of **your** lawyers a director or officer of, a partner in, hold equity interest in or an employee of a business entity other than **your** firm? *If "Yes", please complete the Outside Interest Supplement.*  Yes  No

### Risk Management

23. Do **you** employ a firm administrator?  Yes  No

24. Is **your** firm managed by a committee that meets on a regularly scheduled basis?  Yes  No

25. Do **you** have *written* risk management procedures?  Yes  No

26. Do **you** use a formal system to evaluate the performance of all practicing *lawyers*?  Yes  No

27. Do you use a formal system to evaluate the performance of all non-attorney employees?  Yes  No

28. In the last two years how many suits have **you** filed against clients for recovery of **your** fees? \_\_\_\_\_

29. How many of these suits have been resolved? \_\_\_\_\_

30. What percentage of **your** billings are ninety (90) days or more overdue? \_\_\_\_\_%

31. Are new clients and new matters approved by a committee or by a partner in **your** firm? *If "No", please explain on a separate addendum.*  Yes  No

- 32. Are engagement letters or retainer agreements, which establish the scope of **your** representation and billings arrangements, required to be sent on all new client engagements? If **“No”**, please explain. Yes No
- 33. Do engagement letters or retainer agreements include an Alternative Disputes Resolution Clause? Yes No
- 34. Are non-engagement letters required to be used when declining representation? If **“No”**, please explain. Yes No
- 35. Are changes to the scope of representation evidenced by an addendum or revision to the engagement letter? If **“No”**, please explain. Yes No
- 36. Are disengagement letters or termination letters required to be used upon terminating or completing the legal representation? Yes No
- 37. Which of the following are incorporated in **your** docket control system? (check all that apply)  
 Calendar  Master Listing  Tickler File  Pocket Diary  Computerized System   
 Other  \_\_\_\_\_
- 38. Does the docket control system include? (check all that apply)  
 Litigated items  Non-litigated items  Statute of limitations  Dates of long-term matters   
 Other  \_\_\_\_\_
- 39. How frequently are deadlines cross-checked? (check all that apply)  
 Daily  Weekly  Monthly  Other  \_\_\_\_\_
- 40. How do **you** maintain a conflict of interest system? (check all that apply)  
 Oral/memory  Index File  Computer  Conflict Committee  Other  \_\_\_\_\_
- 41. Indicate the items captured by this system? (Check all that apply)  
 Client Name  Client Principals  Client Subsidiaries  Opposing Party  Opposing Counsel

**Claims History**

- 42. Have any of **you** ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body? **If “Yes”, please provide details on a separate addendum.** Yes No  
 How Many? \_\_\_\_\_
- 43. Have any of **you** had a disciplinary complaint made to any court, administrative agency or regulatory body in the past 5 years? **If “Yes”, please complete a Claim Supplement for each disciplinary complaint.** Yes No  
 How Many? \_\_\_\_\_
- 44. Has any professional liability claim or suit been made against any of **you** or any previous member of **your** current firm or predecessor firm within the last five (5) years? **If “Yes”, please complete a Claim Supplement for each claim/incident.** Yes No  
 How Many? \_\_\_\_\_
- 45. Are **you** aware of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? **If “Yes”, please complete a Claim Supplement for each incident.** Yes No  
 How Many? \_\_\_\_\_
- 46. Have all of the matters indicated above been reported to **your** appropriate professional liability carrier(s)? **If “No”, please explain on a separate addendum.** Yes No  
 N/A

**Insurance History**

**47. Please attach a copy of your current Declaration Page and Prior Acts Endorsement.**

48. Current policy expiration date: \_\_\_\_\_

49. What is the inception date of **your** earliest “claims made” policy maintained without interruption? \_\_\_\_\_

50. Please list all lawyers’ professional liability insurance policies carried by **you** for the past five (5) years or attach a copy of the Declarations Page from **your** current policy:

POLICY PERIOD From: To: Mo/Day/Yr Mo/Day/Yr	Insurance Company	Limits of Liability Per Claim/Agg.	Deductible	Annual Premium	No. of Attorneys Covered
to					
to					
to					
to					
to					

51. Does your current policy have a prior acts exclusion (retroactive) date? If “Yes”, please provide your current prior acts exclusion date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Yes  No

52. Have any of **your** professional liability insurance policies been canceled or non-renewed during the last 5 years? (not applicable to Missouri Applicants) *If “Yes”, please provide details in a separate addendum.*  Yes  No

53. Does your current policy have any other type of endorsements that exclude or modify coverage? *If “Yes”, please provide details in a separate addendum.*  Yes  No

54. Does the firm currently carry any fiduciary liability or crime coverage? *If “Yes”, please attach a copy of your current Declaration Page.*  Yes  No

55. Please provide limits of liability and deductible options requested:

<p><b>LIMITS OF LIABILITY:</b></p> <p>Per Claim/Aggregate</p> <p>\$ _____/\$ _____</p>	<p><b>DEDUCTIBLE:</b></p> <p>\$ _____</p>
<p>*Minimum deductible will apply based upon size of firm, areas of practice, and prior loss history</p>	

**Representations and Signature**

**FRAUD PREVENTION - GENERAL WARNING**

**NOTICE:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO ARKANSAS, MINNESOTA AND OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that h/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

**NOTICE TO CALIFORNIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA APPLICANTS:** Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly present a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO MAINE, TENNESSEE, AND VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits..

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

**NOTICE TO NEVADA APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON AND TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is



a crime and subjects such person to criminal and civil penalties. I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1.of this application, and/or their designees.

**REPRESENTATION:** It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to **us**.

The program manager is authorized to make any inquiry in connection with this application. The program manager's acceptance of this application or the making of any subsequent inquiry does not bind **us** to complete the insurance or issue a policy or obligate the applicant to purchase the insurance.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify **us** and **we** may modify or withdraw any quotation or agreement to bind insurance.

I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1.of this application, and/or their designees.

Signature of Applicant\* \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Firm: \_\_\_\_\_

**\*SIGNING THIS FORM DOES NOT BIND YOU OR US TO COMPLETE THE INSURANCE.**

Agent: \_\_\_\_\_

Producer: \_\_\_\_\_